

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 22 AM 10:50

DOCUMENT # **P98000016415**  
1. Entity Name  
**Condominium Living Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1132 CARISSA Drive**  
Suite, Apt. #, etc.  
City & State  
**Tallahassee, FL**  
Zip  
**32308** Country  
**USA.**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
**" "**  
Zip  
**" "** Country  
**" "**

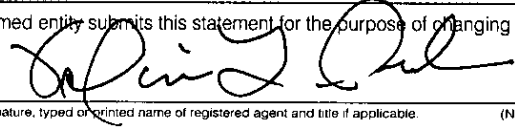
DO NOT WRITE IN THIS SPACE

4. FEI Number  
**#59-3646453** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Valerie L. Peacock**  
Street Address (P.O. Box Number is Not Acceptable)  
**1132 CARISSA Drive**  
City  
**Tallahassee, FL** Zip Code  
**32308**

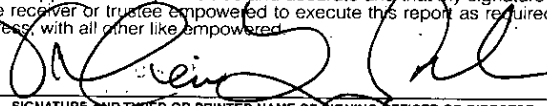
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE  DATE **Oct. 22, 2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Valerie Peacock</b> <b>1132 CARISSA Drive</b> <b>Tallahassee, FL 32308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400008677664</b> <b>11/07/02--01071--007 **546.25</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **Oct. 22, 2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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To: Florida Division of Corporations

Date: October 22, '2002

Re: Reinstatement of Corporation

To Whom It May Concern:

For many years I have always timely and personally delivered the Corporation's Annual Report by hand to the Front Desk of the Division of Corporations Office in Tallahassee, FL. This year, upon receiving the Annual Report, UBR, the information was timely signed, a single check was attached for all, and submitted by mail along, with others, in a single envelope to the Division of Corporations. It has just come to our attention that the submission was obviously lost in the mail, and we are requesting that the following attached corporation be reinstated.

Blaine May  
11/2002

Your kind assistance in this matter is appreciated.

Sincerely,



Valerie L. Peacock  
President